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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/510,607		Filling Date 02/22/2000		To be Mailed
											HER THAN
Т	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(ii)		minus 20 =		*		X \$ =		OR	X \$ =	
	EPENDENT CLAIM GFR 1.16(h))	IS	minus 3 =		•		X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheer is \$25 addit 35 U.	If the specification and sheets of paper, the ap is \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G):		pplication size fee due Il entity) for each r fraction thereof. See and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) 1 If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ł	70711	
* If I				TOTAL		J	TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT											
AMENDMENT	02/16/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(ii)	- 32	Minus	42	= 0	l	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	· 4	Minus	4	- 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1:16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ä	Total (37 CFR 1,160))		Minus	**	-	1	x s =		OR	x s =	
N	Independent (37 CFR 1 16(b))		Minus	***	-	1	X \$ =		OR	X \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					1			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(i))					1			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							TOTAL ADD'L FEE Legal Ir	nstrument Ex	OR (amin	TOTAL ADD'L FEE er:	
"If the "Highest Number Previously "aid For" IN THIS SCACE to Issue than 20, onter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP) to process) an application. Confidentially is governed by 38 U.S. C. 22 and 37 CFR 1.14. This collection is estimated to take 12 minutes incomplete, including graphing, preparing, and submitting the completed application from to the USPrD. Time will way depending upon the individual case. Any comment the amount of time you require to complete this collection and or suggestions for reducing this further, should be sent to the Chef Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, W.A. 22314-1450. Dox ON SEND PEES 90 COMPLETED FORMSTO THIS. ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.